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Date: June 30, 2004

To: Physicians
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From: Jeffrey P. Davis, MD
Chief Medical Officer and State Epidemiologist
for Communicable Diseases

Thomas N. Saari, MD
Chair, Wisconsin Council on Immunization Practices

Jay A. Gold, MD, JD, MPH
Wisconsin Adult Immunization Coalition

Re: 2004-2005 Influenza Vaccine Prioritization Plan

Enclosed is the 2004-2005 Wisconsin Influenza Vaccine Prioritization Plan (the Plan). The Plan recommends that all providers of influenza vaccine prioritize their vaccination campaigns based on vaccine supply and availability and the need to ensure vaccination of persons at high risk and their contacts. Information regarding supply and delivery of influenza vaccine for the 2004-2005 influenza season may not be known until late summer or early fall 2004. The Plan addresses the timing of efforts to immunize target groups based on risk of complications of influenza disease. A copy of the plan can be downloaded from our website at: www.dhfs.state.wi.us/immunization/news.htm.

Information received to date from the Centers for Disease Control and Prevention (CDC) and the manufacturers of influenza vaccine indicate that there should be an adequate supply of vaccine for the 2004-2005 influenza season. During 2004, two companies, Aventis Pasteur, Inc. (FluZone®) and Chiron (Fluvirin™) will be producing inactivated influenza vaccine and, one company MedImmune, Inc. may manufacture a live, attenuated influenza vaccine (LAIV FluMist™) for the U. S. market. Manufacturers anticipate production of 90-100 million doses for the 2004-2005 season. However, until the vaccine is manufactured and distributed the possibility of vaccine delivery delays or vaccine shortages remains.

We continue to stress the importance of local partnerships. The possibility of vaccine delivery delays and shortages underscore the need for these local coalitions to help coordinate the distribution and use of influenza vaccine. Local coalitions help both public and private providers to manage influenza vaccine campaigns in their jurisdictions, and help reduce concern regarding how to distribute vaccine to ensure that high risk individuals in their communities receive influenza vaccine in a timely manner.

The 2004 Advisory Committee on Immunization Practices (ACIP) recommendations for the Prevention and Control of Influenza [MMWR 2004; 53 (RR-6): 1-40] provide a listing of groups' that should be immunized this year. This document can be downloaded from the MMWR website at www.cdc.gov/mmwr. The 2004 recommendations include the following changes:

1. Healthy children aged 6-23 months and close contacts of children aged 0-23 months should be vaccinated against influenza.
2. Inactivated vaccine is preferred over LAIV for vaccinating household members, health-care workers, and others who have close contact with severely immunosuppressed persons during periods when such persons require care in a protected environment.
3. If a health-care worker receives LAIV, the health-care worker should refrain from contact with severely immunosuppressed patients for 7 days after receipt of the vaccine.
4. Severely immunosuppressed individuals should not administer LAIV.
5. The composition of the 2004-05 influenza vaccine will be virus strains A/Fujian/411/2002 (H3N2)-like, A/New Caledonia/20/99 (H1N1)-like and B/Shanghai/361/2002-like antigens. Both the inactivated and LAIV vaccines will contain these antigens. Manufacturers may use antigenically equivalent strains.
6. Women who will be pregnant during the influenza season.

The ACIP recommends that providers focus their influenza vaccination efforts in October and earlier primarily on persons at high risk and their contacts including health-care workers and children 6 to 23 months of age and their households. Vaccination of all other groups should begin in November. The ACIP also recommends that vaccination efforts for all groups continue through December and later as long as vaccine is available and particularly if the influenza season is delayed or prolonged. **Along with the CDC and other agencies we will continue to monitor and assess the vaccine supply and will follow recommendations made by the CDC regarding the need to implement the Plan's tiered timing of immunization for at risk groups as the need arises.**

Beginning in July 2004, influenza vaccine will be part of the routine childhood immunization schedule; recommendations include vaccination of healthy children aged 6-23 months because these children are at substantially increased risk of influenza-related hospitalization and are largely responsible for the community spread of influenza. When immunizing children several factors must be considered:

- Vaccination of children aged <9 years who are receiving influenza vaccine for the first time should begin in October because these children will need a second dose one month after the initial dose. If a child <9 years received only 1 dose of any influenza vaccine during a previous influenza season, they only need 1 dose in subsequent years.
- Children aged 6-35 months should only receive a 0.25 mL dose of a split-virus vaccine formulation.
- Fluvirin™ manufactured by Chiron, is only approved for persons aged ≥4 years and FluMist™ manufactured by MedImmune Inc. is approved only for healthy individuals between the ages of 5-49 years old.
- Influenza vaccine without thimerosal used as a preservative will be available for the 2004-05 influenza season in limited supply for 2004-05 and not sufficient for exclusive use in children. Neither the American Academy of Pediatrics (AAP) nor the ACIP has expressed a preference for the use of influenza vaccines without thimerosal, used as a preservative, for children or pregnant woman. The May 2004 Institute of Medicine (IOM) report on thimerosal in vaccines stated there was no credible evidence linking thimerosal-containing vaccines with autism.

At this point we do not expect delays or shortages but because of the fragile nature of the influenza vaccine production and distribution variables, it is important to review and understand the Prioritization Plan for its possible use during the 2004-2005 influenza season. **We recommend that you not schedule your influenza clinics until you have received your supply of vaccine**. Then, in the event of a shortfall in production or a delay in the delivery of adequate supplies of vaccine, you will be in a better position to communicate with providers in your area to ensure appropriate coverage starting with the high-risk groups. Please review the enclosed materials and if you have any questions please call the Regional Immunization Program Advisor in your area listed below.

Please share this memo with other interested parties.

The latest information regarding influenza vaccine issues is available on the CDC's website: www.cdc.gov/nip/flu.

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